

111

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2		/					52		/				
3	/						53		/				
4	/						54		3				
5	/						55		3				
6		3					56		3				
7		3					57		3				
8		/					58		2				
9		/					59		2				
10		/					60						
11		/					61						
12		/					62						
13		/					63						
14		/					64						
15		3					65						
16		3					66						
17		3					67						
18		3					68						
19		/					69						
20		/					70						
21		/					71						
22		/					72						
23		/					73						
24		/					74						
25		/					75						
26		/					76						
27		/					77						
28		/					78						
29		/					79						
30		/					80						
31		/					81						
32		/					82						
33		/					83						
34		/					84						
35		/					85						
36		/					86						
37		/					87						
38		/					88						
39		/					89						
40		/					90						
41		/					91						
42		3					92						
43		3					93						
44		3					94						
45		3					95						
46		3					96						
47		3					97						
48		3					98						
49		3					99						
50		3					100						
TOTAL IND.							TOTAL IND.	4					
TOTAL DEP.							TOTAL DEP.	111					
TOTAL CLAIMS							TOTAL CLAIMS	115					